

<h1>IHPC</h1>	Application for Certificate of Appropriateness Indianapolis Historic Preservation Commission 200 E. Washington Street, Suite 1801 Indianapolis, IN 46204 Ph: 317-327-4406 Fax: 317-327-4407	File No.	
		IHPC Hearing	
		Hearing Officer	
		Staff Approval	
		Hearing Date:	

1. Address of Property Where Work is to be Done (Indicate Address or Legal Description):

2. Applicant's Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Owner's Name: _____

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

3. Contractor's Name: _____

Address: _____ Zip Code: _____

Work Phone: _____ Cell Phone/FAX: _____

4. Present Use of the Property: _____

5. Description of Work to Be Done (Use Additional Sheets if Necessary): _____

6. Contact Person: _____ **Phone:** _____

7. Estimated Cost of Project:**E-mail:** _____

8. Documentation Submitted:

Site Plan	<input type="checkbox"/>	Building Plans/Elevations	<input type="checkbox"/>
Samples/Swatches	<input type="checkbox"/>	Drawings/Sketches	<input type="checkbox"/>
Photographs	<input type="checkbox"/>	Other:	

9. Signature of the Applicant _____ **Date** _____